



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

CITYYES POLITICAL ACTION COMMITTEE

2. Acronym or Abbreviated Name (if any)

CITYYES PAC

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

PMB #180 12668 E. 116TH ST

5. City, State, ZIP Code

Fishers, IN 46037

3. Committee Telephone Number

(317) 498-6854

6. Party Affiliation (if applicable)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention ☐ Post-Convention

12. Reporting Period:

From: 1/01/09 Through: 12/31/09

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

184.10

602.58

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

SUBTOTAL

TOTAL

600.00 600.00
123.97 123.97
723.97 723.97
908.07 908.07

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

SUBTOTAL

TOTAL

214.70 214.70
80.55 80.55
295.25 295.25
612.58 612.58

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Treasurer

Date

1/4/10

Date

FOR OFFICE USE ONLY

Whoever reports a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Greg Douurs 12271 chiseled stone Drive Fishers, IN 46037 Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$750.00	\$250.00	7/09/09
2. WALTER BAGOT 12655 Brookmoor Ct. Fishers, IN 46037 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$250.00	\$250.00	7/08/09
3. George Patterson 12626 Brookmoor Ct. Fishers, IN 46037 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00		1/06/09
4. VARIOUS Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$123.97	\$123.97	VARIOUS
5. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$723.97		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$723.97		



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(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER

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Enter Text of Public Question

PUBLIC QUESTION INFORMATION

SHALL Fishens, INDIANA Become A City?

Type of Question: ☐ Statewide ☒ Local

Position: ☒ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS
(street, number, city, state, ZIP code)

RECIPIENT'S OCCUPATION

TYPE OF EXPENDITURE
and
PURPOSE (be specific)

COLUMN A
AMOUNT THIS
PERIOD

COLUMN B
CUMULATIVE
YEAR-TO-DATE

DATE OF
EXPENDITURE

Code A

MY CAMPAIGN STORE
902 E. COUNT AVE.
JEFFERSONVILLE, IN
47130

SELLS CAMPAIGN
MATERIALS

☒ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

130⁰⁰

130⁰⁰

3/18/09

Code O

PAK MAIL
11668 E. 116TH ST
Fishens, IN 46037

MAILBOX RENTALS

☒ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

84⁰⁰

84⁰⁰

VARIOUS
IN 2009

Code O

VARIOUS

☒ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

80⁵⁵

80⁵⁵

VARIOUS
IN 2009

Code _____

☐ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

Code _____

☐ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

Code _____

☐ Direct ☐ In-Kind
☐ Payment of Debt
☐ Returned Contribution
☐ Other
Purpose:

SUBTOTAL THIS PAGE OF SCHEDULE C

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$ 295.25
\$ 295.25